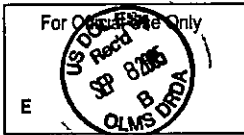


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>73467</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>HENRY</u> <u>ROSE</u> P O Box Bldg Room No If any Street <u>319 N LORD STREET</u> City <u>SOUTHPORT</u> State <u>North Carolina</u> ZIP Code +4 <u>28461</u>	4 Name file number and address of labor organization Name <u>INTERNATIONAL LONGSHOREMENS ASSOCIATION 1838</u> Labor Organization File Number <u>015 557</u> P O Box Building and Room Number If any <u>PO BOX 10007</u> Street <u>211 W 10TH STREET</u> City <u>SOUTHPORT</u> State <u>North Carolina</u> ZIP Code +4 <u>28461 0007</u>
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code +4	7 a Nature of Interest Transaction or Income 7 b Amount

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>Henry C Rose</u>	On <u>8-21-05</u> Date <u>910 452 5112</u> Telephone Number

Name of Person Filing HENRY ROSE	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name EMPLOYERS ILA WELFARE PLAN FOR NC PORTS AREA

Trade Name if any

P O Box Bldg Room No if any PO BOX 1116

Street 612 SOUTH 17TH STREET

City WILMINGTON

State North Carolina ZIP Code + 4 28401

9 Business deals with

- ☐ a Labor Organization
- ☒ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name EMPLOYERS ILA WELFARE PLAN FOP NC PORTS AREA

Trade Name if any

P O Box Bldg Room No if any PO BOX 1116

Street 612 SOUTH 17TH STREET

City WILMINGTON

State North Carolina ZIP Code + 4 28401

11 a Nature of such dealing

TRUSTEE WITH FIDUCIARY RESPONSIBLTY FOR THE WELFARE PLAN

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

REIMBURSED EXPENSES FOR TRAVEL MEALS AND LODING TO CONFERENCES AS A TRUSTEE/FIDUCIARY TO THE WELFARE PLAN

12 b Amount

\$1 975

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment